

**Archdiocese of Philadelphia**  
**Camp Caritas at Monsignor Bonner-Archbishop Prendergast H.S.**  
**June 18-22, 2018 (8:30am-3pm)**  
**Registration Form**

**NON-REFUNDABLE FEE: \$185 PER STUDENT. Send to: OFFICE FOR CATECHETICAL FORMATION, 222 N. 17<sup>th</sup> ST, PHILA, PA 19103**

- *Student must be a registered member of an Archdiocesan parish and entering Grade 7 or 8 in the 2018-19 school year.*
- *Registration on a first come basis. Fee must accompany registration form.*

Child's Full Name (First, Middle, & Last)	Sex M/F	Date of Birth	Grade Level (Sept., 2018)	Name of Day School/city or town	Name of parish/city or town

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street City Zip Code

Father/Guardian's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ email \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ email \_\_\_\_\_

Person responsible for Religious Education if not a Parent/Guardian: \_\_\_\_\_ Relationship \_\_\_\_\_  
*Parent/guardian with legal custody must include a signed, dated letter with this application which gives permission for this person to oversee the religious education of this child (ren.)*

**CUSTODY: Are there custody/legal issues?**     yes     no    (If yes, please include a complete copy of the latest court order.)

**DISMISSAL POLICY:** For safety purposes: Photo I.D.s of all those designated to pick up the student are required for release of the child at dismissal time.

**TRANSPORTATION:** The mode of transportation to and from camp:  parent/guardian     carpool     walking     other \_\_\_\_\_  
 See Appendix A to indicate the adults who are permitted to pick up your child. Students will not be released to minors.

**EMERGENCY INFORMATION**

In the case of emergency, my preference is:     text me at: \_\_\_\_\_     call me at: \_\_\_\_\_     call on home phone listed above  
 If we are unable to reach you, whom should we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number \_\_\_\_\_

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**CONSENT FOR MEDICAL CARE:**

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I or the emergency contacts cannot be reach, I authorize a call may be made to 911 for emergency medical attention.

Parent's/Guardian's Initials \_\_\_\_\_

I understand that the Archdiocese of Philadelphia not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials \_\_\_\_\_

**MEDICAL/LEARNING DATA**

*If any of the following categories apply to your child, please list his/her name and give details in the appropriate spaces.*

Child's Name	Medical Conditions/Allergies	Prescribed Medications*	Disability/ Learning Support Services	Individualized Education Program <b>IEP</b>
				<input type="checkbox"/> YES
				<input type="checkbox"/> NO
				<input type="checkbox"/> YES
				<input type="checkbox"/> NO

\*If your child carries an EpiPen, please indicate if he/she is able to self-administer?     YES     NO

Tee Shirts will be provided for each camper. Please indicate their size.     Youth large     Adult small     Adult medium     Adult large

I give permission for my child's picture to appear on the Archdiocesan and Monsignor Bonner-Archbishop Prendergast websites, bulletin boards, newspaper articles in relation to the Camp Caritas and its activities.

I have read and agree to the terms of Camp Caritas as listed in Appendix A. (Include a signed copy of Appendix A with this registration form.)

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Director/Coordinator of Religious Education which attests that the above named student (s) is a registered parish member.

\_\_\_\_\_ Parish \_\_\_\_\_ Date \_\_\_\_\_